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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

_			, and the second			Inspection
<u>A_</u>	For the 200	9 calendar y	ear, or tax year beginning $07/01/09$, and ending $06/30/1$.0		
В	Check if applica		C Name of organization FRANK DEFINO CENTRAL ELEMENTARY		D Emplo	yer identification number
	Address chang	e label or	SCHOOL PTA		Į.	
\Box	Name change	print or	Doing Business As		1 22-	3764651
\equiv	-	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
	Initial return	See	175 ROUTE 79 NORTH	1 NOON SUITE	1	-972-2099
П	Termination	Specific				
一	A	Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	upts\$ 126,946
ᆜ	Amended retur		MARLBORO NJ 07746-1056		4	
\Box	Application per	iuiig	e and address of principal officer		H(a) Is this	a group return for
		i	NSTANCE TEUTONICO		affiliate H(b) Are all	
		I	5 STATE HIGHWAY 79		include	
			RGANVILLE NJ 07751		If "No,"	attach a list (see instructions)
<u>_</u>	Tax-exempt	statusX	501(c) (3) ◀ (insert no) 4947(a)(1) or 527		<u> </u>	
J	Website;	<u>DEFII</u>	NOPTA@GMAIL.COM		H(c) Group	exemption number
<u>K_</u>	Type of organi	zation X Co	poration Trust Association Other ▶ L	Year of formation 2	2001	M State of legal domicile NJ
P	Part I	Summa				
			he organization's mission or most significant activities			
•	1	EE SCHE				
ဦ		22 30112	3011 0			
nai	ł					
Ver	l		<u></u>			
Ó			of the organization discontinued its operations or disposed of more than 2	5% of its net as	sets	
બ			members of the governing body (Part VI, line-ta)- C= 1/-		3	
es	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	500
Activities & Governance	5 Tota	l number of	amployees (Part V, line 2a)		5	0
Ct	6 Tota	I number of	volunteers (estimate if necessary)		6	30
•	7a Tota	l gross unre	ated business revenue from Part VIII, colu <u>mn (C), line 12</u>		7a	
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34		7b	0
_			L Chinativ, U1	Prior Ye	ar	Current Year
41	8 Con	tributions an	d grants (Part VIII, line 1h)		3,053	2,887
Revenue			revenue (Part VIII, line 2g)	8	8,440	104,133
ķ	1		ne (Part VIII, column (A), lines 3, 4, and 7d)			
ď	E.		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,217	8,436
		•	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,710	115,456
_			ar amounts paid (Part IX, column (A), lines 1–3)		<u> </u>	
			or for members (Part IX, column (A), line 4)			
		•	ompensation, employee benefits (Part IX, column (A), lines 5–10)			
Expenses	460 Des			f		
۾ ور	16a Proi		draising fees (Part IX, column (A), line 11e)			
١	D lota	_	expenses (Part IX, column (D), line 25)	 	0 663	00.470
>"	17 Othe		(Part IX, column (A), lines 11a-11d, 11f-24f)		8,663	99,478
7	18 Tota	•	Add lines 13–17 (must equal Part IX, column (A), line 25)	9	8,663	99,478
<u>. </u>	19 Rev	enue less ex	penses Subtract line 18 from line 12		- 953	15,978
Sets or July 18	<u> </u>			Beginning of Cu		End of Year
See	[l assets (Pa	•	 	5,491	31,469
3	=)		Part X, line 26)	 		
Z			d balances Subtract line 21 from line 20	<u> </u>	<u>5,491</u>	<u> </u>
<u>P</u>	Part II	Signatu	re Block			
<u>ی</u>			ties of perjury, I declare that I have examined this return, including accompanying schedule:			
⊇ Się		and beller, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on all inf	ionnation of which	preparer has	17 (3
-Się	gn :		lar me		/0/	21/10
He	re	Signatu	ge of officer		Date	,
		\ -	Jean Parker- Treasurer	_		
		Type or	print name and title		_	
_		Dec '	Date	Check	cıf	Preparer's identifying number
Pa	id	Preparer's signature	Africa Cine St	, self-		(see instructions) P00171184
	eparer's	alginature		0/10 emplo		
	e Only	Firm's name	(or yours STEVEN SEWALD & COMPANY, CPAS		EIN •	22-3103963
	· · · · ·	ıf self-emplo			Phone	530 330 356
		address, an	110110111111111111111111111111111111111		no	732-332-1700
			eturn with the preparer shown above? (see instructions)			Yes No
For	r Privacy A	ct and Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
	1					

) (Revenue \$

Form 990 (2009)

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

53,727 including grants of \$

96,447

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	n 890 (2009) FRANK DEFINO CENTRAL ELEMENTARY 22-3764651		<u>P</u>	age 3
P	art IV Checklist of Required Schedules			
	In the consensation does to be set of 504/ V(s) and 57/ V(s) (to the consensation of t		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	v	
2	complete Schedule A	2	X	v
3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		X
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	٦-		
•	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		l
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			ĺ
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	:	Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	ļ	<u> </u>	•
	Schedule D, Part VI	!		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		[
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Į		i '
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	Ì		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			l
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	-	v
404	Schedule D, Parts XI, XII, and XIII	12	-	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No. 15 "Yes." completing Schedule D. Parts XI, XII, and XIII is optional.	┪		
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13 14a	the state of the s	14a		X
b b	0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	140	 	1
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
. .	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			3.7
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		v
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u> _
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		Х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	_26		
_,	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part i	_31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	_32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
_	III, IV, and V, line 1	_34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	0.5		v
^^	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		v
27	organization? If "Yes," complete Schedule R, Part V, line 2	_36		<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		X_
30	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	- 51	_	<u> </u>
38	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	10. Hotel/fill and and industrial to complete deficiency			(2000)

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Pa	rt v Statements Regarding Other IRS Filings and Tax Compliance						
U.S. Information Returns. Enter-0- if not applicable Enter the number of Forms W/2 Gincluded in line 1a Enter-0- if not applicable U.S. Enter the number of Forms W/2 Gincluded in line 1a Enter-0- if not applicable apming (gambha) warmings to prace winners? 22. Enter the number of employees reported on Form W/3. Transmital of Wage and Tax Salaements. Infect for the calendary eare ending with or within the year covered by this return? 23. Enter the number of employees reported on Form W/3. Transmital of Wage and Tax Salaements. Infect for the calendary eare ending with or within the year covered by the returns? 24. If I was not lines 1a and 2a is greater than 250, you may be required to e-file this return. 25. Mote. If this sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 26. If I wes, has the file a Form 990-T for this year? If No, "provide an explanation in Schedule O 36. If I wes, has the file a Form 990-T for this year? If No, "provide an explanation in Schedule O 37. If I wes, has the ender of the foreign country I web, as a bank account, securities account; or other financial account in a foreign country. I was a bank account, securities account, or other financial accounts 38. Was the organization and the foreign country. I was a bank account, securities account, or other financial accounts 39. Was the organization and fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 39. Was the organization bank and the organization has a party to a prohibited tax shelter transaction? 30. Was the organization bank and organization has a party to a prohibited tax shelter transaction? 30. Was the organization probability of the organization has a party to a prohibited tax shelter transaction? 30. Was the organization probability of the organization for form 8886+T inschization for the organization for foreign 8886+T inschization by the organization for foreign 8886+T inschization by the organization foreign 8886+T inschization by the	4-	Establic surplica accorded a Day 2 of Established April 2 of Establi					Yes	No
be Enter the number of Forms W.2G included in line 1a. Enter-0-fi not applicable	ıa	·	4-	؍ ا	1	1		
but the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gaming) without portice winners? 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field or the calendary pear ending with or within the year covered by this return? b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 If "Yes," a filed the manner of the foreign country, levels, as a bank account, securities account; or other financial accountry over, a financial accountry and the security (such as a bank account, securities account, or other financial accountry over, a financial Account in a foreign country, levels, and the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 4 If "Yes," or	h			_		ł		
gaming (gambing) winnings to prize winners? 2 Entet the number of employees reported on Form W-3, Transmital of Wage and Tax Satements, flied for the calendar year ending with or within the year covered by this return 1 If all least note is reported on line 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return (see institutions) 3 If Yes, This st filled a Form 990-T for this year? If TNo," provide an explanation in Schedule O 3 If Yes, This st filled a Form 990-T for this year? If TNo," provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account. securities account.) 5 If Yes, The start is a name of the foreign country (such as a bank account. securities account.) 5 If Yes, Teller the name of the foreign country (such as a bank account. securities account.) 5 If Yes, The start is a start of the foreign country (such as a bank account. securities account.) 5 If Yes, The start is a start of the foreign country to the financial account is a start of the foreign country (such as a bank account. securities account.) 5 If Yes, The start is a start of the foreign country to the financial accounts and the financial accounts and the start of						1		
22 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Rief of the calendary year ending with or within the year covered by this return? 10 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 11 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) 12 If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 13 If Yes, "has if filed a Form 990-T for this year? If 'No," provide an explanation in Schedule O 14 If Yes, "has if filed a Form 990-T for this year? If 'No," provide an explanation in Schedule O 15 If Yes, a filed a Form 990-T for this year? If 'No," provide an explanation in Schedule O 16 If Yes, a filed the manne of the foreign country 17 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 18 Was the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 19 Was the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 10 If Yes, I for the Sa of Si, do the organization that it was or is a party to a prohibited tax shelter transaction? 10 If yes, I for the Sa of Si, do the organization file Form 888F. T, Declosure by Yas-Exempt Entity Regarding Prohibited 12 Ars Abelter Transaction? 10 If Yes, I do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have already and the prope	·	• • • • • • • • • • • • • • • • • • • •	Juitable	E		1.		Y
Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 B 3 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 B 3 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 B 4 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts account)? 5 If "Yes," either the name of the foreign country ► 5 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization have an interest in, or a signature of Foreign Bank and Financial Accounts 5 Was the organization and print to a prohibited tax shelter transaction? 5 B 5 Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5 C 5 If "Yes," time for so Sh, did the organization the form 8884F. Discolate by Tax-Exvery Entity Regarding Frohibited Tax Shelter Transaction? 5 C 6 D oses the organization and unall gross receipts that are normally greater than \$100,000, and did the organization into ending the very solication an express statement that such contributions or organization with a minimal property of the progranization and prohibitions that that were not tax deductible? 6 D of the organization receive a payment in excess of \$75 made party as a contribution and panty for goods and services provided	2a		1	ĺ		- "- -		
l fal least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 10. Ut the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 11. **Yes**, has it filed a Form 990-T for this year? If *No**, provide an explanation in Schedule O 12. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts are considered to the foreign country over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts are considered to the foreign country over. A financial accounts are considered to the foreign country over. A financial accounts are considered to the foreign country over. A financial accounts are considered to the foreign country (such as a bank account, securities account, or other financial accounts are considered to the foreign security over. A financial accounts are considered to the foreign security over. A financial accounts are considered to the foreign security over. A financial accounts are financial accounts and financial accounts are considered to the foreign security of the financial accounts and financial accounts are considered to the foreign security of the financial accounts and financial accounts are considered to the foreign security of the financial accounts and financial accounts are considered to the foreign security of the financial accounts are considered to the foreign security of the financial accounts are considered to the financial accounts and financial accounts are considered to the financial accounts are considered financial accounts are considered finan			22	٦	1			
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make and stirributions included on Part VIII, line 12 Intitution fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_	· · · · · · · · · · · · · · · · · · ·				-		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	40-		$\overline{}$	<u></u>		122		
			125	l		144		
		ir res, enter the amount or tax-exempt interest received or accrued during the year	140	Ц		Form	990	(2009)

Form 990 (2009) FRANK DEFINO CENTRAL ELEMENTARY 22-3764651 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 8 Enter the number of voting members of the governing body 500 Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶ STEVEN SEWALD & COMPANY CPA'S 242 ROUTE 79 NORTH SUITE

732-332-1700

NJ 07751

MORGANVILLE

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)								rector, or trustee	<u>,_</u> .	,
Name and Title	(B) Average hours per			chec	C) k all	that a	pply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CONSTANCE TEUTON	co									
PRESIDENT SUSAN GOMEZ		-	├—		-	-		0	0	
EXEC VP								o	0	
JEAN PARKER			 			 	 			
TREASURER								0	0	
BARABRA FEINSTEIN	ų –									
SECRETARY	·	ļ	<u> </u>	_	ļ_	_		0	0	
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<u>Pa</u>	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)		
	(A) Name and Title	(B) Average hours per			chec	C) k all t	hat a	_	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
	·											
		-										
		-										
			<u> </u>									
_												
1b	Total	L		L	Ь	Ь		—				
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in		
3	Did the organization list any fo	ormer officer, dire	ector	r or t					oyee, or highest compensa	ted	Yes 3	No X
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related o	e 1a, is the sum	of re	port	able	com	pens	atio	n and other compensation s," complete Schedule J fo	from r such		
5	Individual Did any person listed on line 1 services rendered to the organ									or	5	X
Sec	tion B. Independent Contract											
	Complete this table for your five compensation from the organic	zation	ensa ——	ted (nder	end	ent c	onti			(C)	
	Name and	(A) business address						_	Descrip	(B) stion of services	(C) Compensa	ation
	<u> </u>					_						
							<u>.</u>	-				
	Total number of independent	contractors (inclu		but	not	lımıte	ed to	tho	se listed above) who receiv	ved		
DAA	more than \$100,000 in compe										0 Form 990	(2009)

<u>Pa</u>	rt V	III Statement of Reve	<u>enue</u>					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	_ <u>—</u> 1а	Federated campaigns	1a					<u> </u>
E Z	b	Membership dues	1b	2,887			!	
g,e	c	Fundraising events	1c	27007				i
ar it	ч	Related organizations	1d	-				
S, G	u	Government grants (contributions)	1e					
Sign	•	All other contributions, gifts, grants,	- e -					
Fet	,	and similar amounts not included above	,,	1		ļ		
			1f					
and	g	Noncash contributions included in lines 1a-	-1f \$					
Program Service Revenue Contributions, gifts, grants	_ <u>h</u>	Total. Add lines 1a-1f		P	2,887			
ž	_			Busn. Code				
ě	2a	PROMOTE THE WELFARE	OF YOUTH	ļ	49,818	49,818		
92	b	SCHOOL STORE			21,891	21,891		
Σ̈	С	LITERACY PROGRAM			18,469	18,469		
တ္ခ	ď	ADVERTISING SUBSCRI	PTION SALE		13,955	13,955		<u> </u>
E	е							
ē	f	All other program service reve	nue					
_		Total. Add lines 2a-2f		•	104,133			
	3	Investment income (including	dıvıdends, ınteı	rest, and				
		other similar amounts)		▶ [
	4	Income from investment of tax	exempt bond	proceeds 🕨				
	5	Royalties		>				
		(ı) Real	(u)	Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)			ľ	ľ		·
	d	Net rental income or (loss)		•				
	7a	Gross amount from (i) Securities	s (ı	ı) Other				
		sales of assets other than inventory						
	ь	Less cost or other						
		basis & sales exps			Ì			
	С	Gain or (loss)						
	ď	Net gain or (loss)		>				
_	8a	Gross income from fundraising eve	ents					
nue		(not including \$						
ve		of contributions reported on line 1c	, l					
Other Reven		See Part IV, line 18	a l	19,926	ļ			
heı	b	Less direct expenses	b	11,490				
ō		Net income or (loss) from fund			8,436	8,436		
		Gross income from gaming activities						
	Ja	See Part IV, line 19	a					
	h	Less direct expenses	"b			1		
		Net income or (loss) from garr		—				
		Gross sales of inventory, less	ing activities					
	IUa	returns and allowances						
	L		a b					
		Less cost of goods sold	<u> </u>					
	<u>c</u> _	Net income or (loss) from sale Miscellaneous Revenue		Busn. Code				
	44-	Wilsocharicous Neverlue	<u> </u>	Duan. Code				
	11a							
	b			 				
	C	All albananis						
	d	All other revenue	. •					
	e	Total Add lines 11a-11d			115,456	112,569		
	12	Total Revenue. See instruction	เกร	▶	112,430			ı <u>_</u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(A)	(B)	(C)	
	not include amounts reported on lines 6b,	Total expenses	Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				l <u>.</u>
3					
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<u> </u>
g	Other				
12	Advertising and promotion				
13	Office expenses				·
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			<u> </u>	
23	Insurance	205		205	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	SOCIAL DEVELOPMENT	28,328	28,328		
b	SCHOOL NEEDS	18,160	18,160		
С	FOR RESALE & BOOKS	16,306	16,306		
d	PURCHASES FOR SCHOOL STOR	15,182	15,182	<u>-</u>	
е	COST TO PUBLISH YEARBOOK	11,232	11,232		
f	All other expenses	10,065			
	Total functional expenses. Add lines 1 through 24f			3,031	
	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation			<u> </u>	<u> </u>
DAA					Form 990 (2009)

Р	art)	Balance Sheet				rage 11
	,			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		15,491	1	31,469
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees Com	plete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
	ļ	4958(f)(1)) and persons described in section 4958(c)(3)((B) Complete		ľ	
	1	Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities	<u></u>		11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)	15,491	16	31,469
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
Liabilities	ı	Payables to current and former officers, directors, truste				
Ē	~-	employees, highest compensated employees, and disqu	· •			
<u>.e</u>	Ì	persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third	d parties		23	
		Unsecured notes and loans payable to unrelated third p			24	
	25	Other liabilities Complete Part X of Schedule D	4.100		25	
		Total liabilities. Add lines 17 through 25			26	
S	1-0-	Organizations that follow SFAS 117, check here ▶ 🄀	and			
<u>2</u>	1	complete lines 27 through 29, and lines 33 and 34.	<u>.</u> unu			
a	27	Unrestricted net assets		15,491	27	31,469
Ba	28	Temporarily restricted net assets			28	
ᅙ		Permanently restricted net assets			29	
Net Assets or Fund Balances	~~	Organizations that do not follow SFAS 117, check he	re ▶ □			
ų.		and complete lines 30 through 34.	٠ اــا			
0	30	Capital stock or trust principal, or current funds		1	30	
eţ	31	Paid-in or capital surplus, or land, building, or equipmen	it fund		31	
SS	32	Retained earnings, endowment, accumulated income, or			32	
t A	33	Total net assets or fund balances	a sere runus	15,491	33	31,469
Š	34	Total liabilities and net assets/fund balances		15,491	34	31,469

Form 990 (2009)

orm	1,990 (2009) FRANK DEFINO CENTRAL ELEMENTARY 22-3764651		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			İ
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

		on FRANK DEFINO SCHOOL PTA	CENTRAL ELEMEN	TARY		_	_		•	ntification nu 4651	mber	
Pa	art I Reas	son for Public Charity	Status (All organizations	s must c	complet	e this	part.) S	See in	struct	lions.		
he	organization is no	t a private foundation becaus	se it is (For lines 1 through 11,	check only	y one box)						
1	A church, co	onvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	l)(A)(i).						
2	A school de	scribed in section 170(b)(1)(A)(ıi). (Attach Schedule E)									
3	A hospital o	r a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(iiı).						
4	A medical re	esearch organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b))(1)(A)(ii	i). Ente	r the ho	ospital's name) ,	
	city, and sta	te										
5	An organiza	tion operated for the benefit of	of a college or university owned	or operate	ed by a g	overnme	ntal unit	descri	bed in			
	_ section 170	(b)(1)(A)(iv). (Complete Part	II)									
6	A federal, st	ate, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A)(v).						
7	An organiza	tion that normally receives a	substantial part of its support fr	om a gove	ernmenta	l unit or f	rom the	genera	l public			
	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8	A communit	y trust described in section 1	I <mark>70(b)(1)(A)(vi)</mark> . (Complete Part	: 11)								
9	X An organiza	tion that normally receives (1) more than 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	p fees,	and gro	oss		
	receipts fror	n activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/3 9	% of its			
	support from	n gross investment income ai	nd unrelated business taxable in	ncome (les	ss section	1 511 tax) from b	usiness	ses			
	acquired by	the organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	te Part III)						
10	An organiza	tion organized and operated	exclusively to test for public saf	ety See s	ection 50	09(a)(4).						
11		- · · · · · · · · · · · · · · · · · · ·	exclusively for the benefit of, to									
	purposes of	one or more publicly support	ed organizations described in s	ection 509	9(a)(1) or	section	509(a)(2) See :	section	l		
	509(a)(3). C	heck the box that describes t	he type of supporting organizati			nes 11e						
	a Typ		c Type III-Function	-		d		e III–Ot				
е			anization is not controlled direc									
			and other than one or more pul	blicly supp	orted org	janizatio	ns desc	nbed in	section	1		
	, , , ,	section 509(a)(2)				_		_				
f			ermination from the IRS that it is	s a Type I,	Type II,	or Type	III suppo	irting				
	~	, check this box										\sqcup
g			tion accepted any gift or contrib	ution from	n any of the	ne						
	following pe										[
			ontrols, either alone or together	with perso	ons descr	nbea in (11)			(4. s)	Yes	No
			f the supported organization?							11g(ı)		
	• •	y member of a person descri	**							11g(ii)		
	, ,	controlled entity of a person	** **						•	<u> 11g(iii</u>	11	L
<u>h</u>	Name of supported	following information about t	(III) Type of organization	(iv) Is the	organization	(A) Did a	ou notify	(vi) l	s the	(vii) Am	ount of	
(1)	organization	(11) E114	(described on lines 1–9		sted in your		nzation in				port	
	-		above or IRC section	governing	document?	col (i)	of your cort?	(I) organi	zed in the			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					ļ							
												
				1	1	Ì	}					
							-					
				ļ	<u> </u>							
					1							
				 		 						
						-						
				+		 						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

•		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		DI D./	D.		
	edule A (Form 990 or 990-EZ) 2009 FRZ art II Support Schedule for O					-3764651	Page 2
Ρ,)(1)(A)(iv) and	170(b)(1)(A)(vi	i)
200	(Complete only if you chection A. Public Support	ecked the box	on line 5, 7, o	<u>r 8 οι Paπ I.)</u>			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	normal year (or notal year beginning in)	(a) 2005	(b) 2000	(0) 2007	(a) 2008	(e) 2009	(i) rotai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		_				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
1	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc	(see instructions)		I	<u> </u>	12	
3	First five years. If the Form 990 is for the	,	second third fo	urth, or fifth tax ve	ar as a section 501		
•	organization, check this box and stop her		, 5555114, 14, 15			. (-)(-)	▶ □
Sec	ction C. Computation of Public Su		tage				
4	Public support percentage for 2009 (line 6			nn (f))		14	%
5	Public support percentage from 2008 Sch		-	***		15	%
6a				13, and line 14 is	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies						▶ 🗌
b			-		15 is 33 1/3 % or r	nore, check this	
	box and stop here. The organization qual						▶ [
7a					Sa, or 16b, and line	e 14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	nces" test, check	this box and stop	here. Explain in P	art IV how the	
	organization meets the "facts-and-circums						▶ □

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

(e) 2009

(d) 2008

(c) 2007

(f) Total

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

(a) 2005

(b) 2006

Section A. Public Support

Gifts, grants, contributions, and

Calendar year (or fiscal year beginning in) ▶

	any "unusual grants ")	2,238	2,676	2,964	3,053	2,887	13,818
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		1		i		
	furnished in any activity that is related to the organization's tax-exempt purpose	96,482	103,924	117,384	88,440	124,059	530,289
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
						•	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	98,720	106,600	120,348	91,493	126,946	544,107
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	2,238	2,676	2,964	3,053	2,887	13,818
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	91,482	98,924	112,384	83,440	114,059	500,289
С	Add lines 7a and 7b	93,720	101,600	115,348	86,493	116,946	514,107
8	Public support (Subtract line 7c from line 6)						30,000
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	98,720	106,600	120,348	91,493	126,946	544,107
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·			1	
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						•
13	Total support. (Add lines 9, 10c, 11,					ł	
	and 12)	98,720			91,493	126,946	544,107
14	First five years. If the Form 990 is for the	organization's first	i, second, third, fou	ırth, or fifth tax yea	er as a section 501	(c)(3)	
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public Su	upport Percen	tage				
15	Public support percentage for 2009 (line 8			ın (f))		15	5 51%
16	Public support percentage from 2008 Sch					16	4.75%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (I	17					
18	Investment income percentage from 2008					18	
19a		inization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	⊾ □
	17 is not more than 33 1/3 %, check this t	oox and stop here	ine organization	qualities as a publ	iciy supported orga	inization	
þ	33 1/3 % support tests—2008. If the orga	inization did not ch	eck a box on line	14 or line 19a, and	inne to is more tha	an 33 1/3 %, and	▶ □
	line 18 is not more than 33 1/3 %, check t						X
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	190, check this bo	A and see instructi	odulo A (Farm 000	
DAA					Sch	edule A (Form 990	Or 990-EZ) 2003

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULÈ G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open To Public Inspection

ame of the organization FRANK DEFINO CENTS SCHOOL PTA	RAL ELEMEN	ITAF	ξΥ		Employer identification number 22 - 3764651						
Part I Fundraising Activities. Complete i Form 990-EZ filers are not required				ered "Yes" to Forr							
1 Indicate whether the organization raised funds through	any of the following	activ	ities	Check all that apply							
a Mail solicitations	Mail solicitations e Solicitation of non-government grants										
b Internet and email solicitations	f Solicitation										
c Phone solicitations	g Special fun										
d In-person solicitations											
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No										
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization	fundraisers) pursua	ant to a	agree	ments under which the	fundraiser is						
(i) Name of individual or entity (fundraiser)	(II) Activity	(iii) Did fund- raiser have custody or control of contributions?		raiser have custody or control of		(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No								
		<u> </u>	!								
					<u></u> -						
	<u> </u>										
		1				 					
		<u> </u>									
	L	<u></u>	L								
Total			•								
		_									

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

$\overline{}$	edule art	e G (Form 990 or 990-EZ)	2009 FRANK DEFINE TWENTS. Complete if the org		CENTRAL ELEM			37646			age 2
			5,000 on Form 990-EZ, line							porte	z u
•			(a) Event #1 SCHOOL ACTIVITI (event type)		(b) Event #2 (event type)		(c) Other events NONE (total number)		(d) Total e add col (a col () throu	gh
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross revenue (line 1	19,926							L9,	926
		minus line 2)	19,926					-		19,9	926
	4	Cash prizes									
	5	Noncash prizes						+			
Direct Expenses	6	Rent/facility costs				_		-			
t Exp	7	Food and beverages									
Direc	8	Entertainment									
D	9	Other direct expenses	11,490							L1,4	490
	10 11 art	0 426									
			on Form 990-EZ, line 6a.	Γ	_	· - -					
Revenue		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo (c) Othe			(c) Other gaming	aming (d) Total gaming (Add col (a) through col (c))			
- 8	1	Gross revenue									
ses	2	Cash prizes				_					
Exper	3	Noncash prizes						_			
Direct Expen	4	Rent/facility costs			-						
	5	Other direct expenses			-						
	6	Volunteer labor	Yes %		Yes No	%	Yes No	%	_		
	7 Direct expense summary Add lines 2 through 5 in column (d)										
	Net gaming income summary Combine line 1, column d, and line 7							>	т	1	
9 a b	ls		ne organization operates gaming a to operate gaming activities in eac						9a	Yes	No
10a b		ere any of the organization 'Yes," Explain	n's gaming licenses revoked, susp	ended	d or terminated during th	e tax ye	ar?		10a		
11	Do	pes the organization opera	ite gaming activities with nonmemb	ers?					11		l . <u>.</u>

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

formed to administer charitable gaming?

12

Sche	dule G (Form 990 or 990-EZ) 2009 FRANK DEFINO CENTRAL ELEMENTARY	22-37646	51	P	age 3
				Yes	No
3	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a 9	6		
b	An outside facility	13b 9	6		
4	Provide the name and address of the person who prepares the organization's gaming/special events books		1		
	and records				
	Name ►				
	Address ▶				
5a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ►				
	Address ▶				
16	Gaming manager information				
	Name ▶		l		
	Gaming manager compensation ▶ \$				
	Description of services provided ▶		•		
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a	<u> </u>	ļ
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$			<u> </u>	<u> </u>
		Schedule G (Form	990 or 9	90-EZ) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FRANK DEFINO CENTRAL ELEMENTARY SCHOOL PTA

Employer identification number 22-3764651

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
TO PROMOTE THE WELFARE OF CHILDREN AND YOUTH IN HOME,
SCHOOL, COMMUNITY, AND PLACE OF WORSHIP. THESE ARE PROMOTED
THROUGH EDUCATIONAL PROGRAMS DIRECTED TOWARDS PARENTS,
TEACHERS, AND STUDENTS

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
EXPENSES RELATED TO SCHOOL PROJECTS THAT PROMOTE
PHYSICAL EXERCISE, HEALTH, AND SOCIAL EDUCATION TO
PROMOTE SCHOOL SPIRIT, SOCIALIZATION,
AND SCHOOL INTERACTION

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
TAX RETURN PRESENTED TO BOARD PRIOR TO FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST